

**Durham City/County Planning
Zoning Map Change Application**


Submittal Date: 4/11/2011		Case Number: Z1100009	
Requested Zone(s): (include overlay) CG F1-B NW		Existing Zone(s): (include overlay) RS-8 F1-B NW	
PIN(s): DB23-17-10-6033		Total Site Area: .11 Acres	
Street Address or Frontage: 2608 WOODMONT - CL - 2724 GUESS ROAD		Jurisdiction: <input type="checkbox"/> County (check one) <input checked="" type="checkbox"/> City <input type="checkbox"/> City and County	
Project Name: GUESS ROAD FAMILY FACE			

Comprehensive Plan:

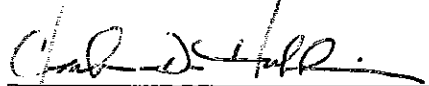
(Tier) URBAN (Land Use Designation) COMMERCIAL

Summary of Proposed Development (types of uses, number and type of residential units, square footage in non-residential buildings, etc): 3200 SF CONVENIENCE STORE W/ FUEL SALES

Applicant

Contact Name AND Business Name if applicable: M.M. FOWLER, INC. c/o ML BARNES, CEO			 Applicant Signature
Address: 4220 NEDB ROAD			
City: DURHAM	State: NC	Zip Code: 27705	
Phone: 919 - 309 - 2925	Fax:	Email:	

Agent (if any)

Contact Name AND Business Name if applicable: THE LEADS GROUP PA			 Agent Signature
Address: 505 EAST DAVIS STREET			
City: BURLINGTON	State: NC	Zip Code: 27215	Email: engineer@leadsgrupp.com
Phone: 336 - 227 - 8724	Fax: 336 - 222 - 9917		

Property Owner(s) (Attach a separate sheet if more space is necessary)

Name: }			Phone: }
Address: SAME AS APPLICANT.			Fax:
City:	State:	Zip Code:	Email:

Name:			Phone:
Address:			Fax:
City:	State:	Zip Code:	Email:

Name:			Phone:
Address:			Fax:
City:	State:	Zip Code:	Email:

Contacts

Development Plan prepared by:

N/A

Phone:

Email:

Stormwater Impact Analysis prepared by:

N/A

Phone:

Email:

Traffic Impact Analysis prepared by:

N/A

Phone:

Email:

Building Design Guidelines/Elevations prepared by:

N/A

Phone:

Email:

Resource Features Analysis prepared by:

N/A

Phone:

Email:

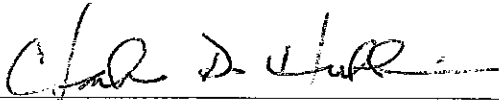
Application Checklist

Each item on the following submittal checklist is to be initialed by the Applicant and/or the Agent, indicating that:

- the item is part of the submittal package;
- the item is complete; and
- the information is accurate

A submittal package with items not initialed, or otherwise incomplete or inaccurate, will not be accepted. An application shall be considered to have been accepted for review only after it has been determined to be complete in accordance with Section 3.2.4 of the Unified Development Ordinance, not upon submission to the Planning Department.

I, the undersigned, acknowledge that the application is complete and that all information included is accurate to the best of my knowledge:



Signature

4-11-2011

Date

Charles D. Huffine

Printed Name

APPLICATION ITEM	APPLICANT/AGENT INITIAL	STAFF ACCEPTANCE
1. Application	CDH	AW
2. Owner's Acknowledgement Form for each parcel- must include original signature for all owners of record Forms included: (#) <u>1</u>	CDH	AW
3. Pre-Submittal Conference form	CDH	AW
4. Boundary Map of Area	CDH	AW
5. Legal Description	CDH	AW

If submitting with a development plan items 6 – 10 apply:		
6. Development Plan Checklist		N/A
7. 12 Sets of Full Size Plans		
8. Legible Plan Reduction (11" X 17")		
9. Stormwater Checklist, 2 copies or memo from City or County Stormwater Management		
10. Traffic Impact Analysis, 3 copies -or- a memo from the City Transportation Division stating a TIA is not required.		
If applicable:		
12. Copy of Annexation Request Transmittal (if applicable; it must be filed prior to the zoning map change submittal)		N/A
13. Has a Land Use Plan Amendment been filed? If so, case # _____ (to be completed at time of submittal)		
14. Neighborhood Meeting Materials (sign-up sheet from the meeting, summary of the issues raised, description of how the proposal addresses the issues, copy of meeting notification, list of those notified, copies of materials distributed)		
For all applications:		
15. Filing Fee: \$ 4,882.60	colt	AW